

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County ecilCity or town Elkton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 0

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penn County LuzerneCity or town nanticoke
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John adamchock

3. (b) Social Security Number

204-09-1244

4. Sex

Male

5. Color of race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Anna adamchock

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Apr 24 1895

8. AGE:

Years

53

Months

3

Days

11

If less than one day

hrs.

min.

9. Birthplace

nanticoke Pa
(Town, county, and state)

10. Usual occupation

Pipe Fitter

11. Industry or business

Glob Auto Shop & W

MOTHER FATHER

12. Name

Andrew Adamchock

13. Birthplace

Austria

14. Maiden name

Eva Petrochko

15. Birthplace

Austria

16. Informant

Anna Adamchock

Address

Nanticoke Pa

17. removal

(Burial, cremation, or removal, Which?)

Date thereof

Aug 4 '48
(month) (day) (year)

Cemetery or crematory

Holy Transfiguration

Location

Nanticoke Pa

18. Funeral director

J. W. Pizani

Address

Elkton Md

19.

(Date rec'd by registrar)

Aug 4 1948J. W. Pizani
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 348 at 12:45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death

acute coronary
sclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Adamchock
Elkton Md.

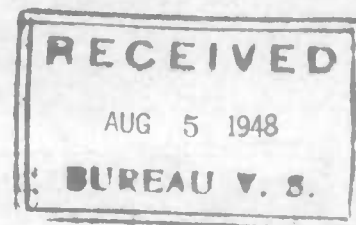
M. D. or other

Date signed 8/4-48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

172

08282

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County ElktonCity or town Elkton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 hours

Hospital, institution, or street address where death occurred:

Elkton Hospital Elkton MdHow long in hospital or institution? 7 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa. County PhiladelphiaCity or town Philadelphia
(If outside city or town limits, write RURAL and give nearest town)Street No. 72 35 Passyunk Ave
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Linnæa M. Brooz

3. (b) Social Security Number

4. Sex

F

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1948 at 7:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him... alive on 19...

Immediate cause of death Shocksfractured femurleft foot amputatednewly broken ribslacerations

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8-9-48Where did injury occur Marlborough City Md
(City or town) (County) (State)Injured at home, farm, industry, public place, (where?) North East RiverMeans of injury light boat propellerMedical Examiner Blodgett23. SIGNATURE Blodgett for Cecil CountyAddress Prising Sun Md M. D. or other 8-9-48

Date signed

7. Birth date of

deceased (mo., day, yr.)

May 19 1932

8. AGE:

Years 16 Months 2 Days 21 If less than one day

hrs. min.

9. Birthplace Philadelphia Pa
(Town, county, and state)10. Usual occupation School Girl

11. Industry or business

12. Name Frederick M. Brooz13. Birthplace Philadelphia Pa14. Maiden name Mary Federer15. Birthplace Acushnet16. Informant Frederick M. BroozAddress 72 35 Passyunk Ave Philadelphia17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 10 1948
(month) (day) (year)Cemetery or crematory Whitman's Memorial ParkLocation Prospectville Pa18. Funeral director H. W. Pippin & Son On W. G. ZuckAddress Elkton Md19. Aug 10 48 Registrar F. R. Frazer

(Date rec'd by registrar)

RECEIVED

AUG 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

08283

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County..... CecilCity or town..... Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... 4 yrs. 4 mos. 5 days

Hospital, institution, or street address where death occurred:

VA Hospital, Perry Point, Md.How long in hospital or institution?..... 4 yrs. 5 mos. 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Oklahoma County..... KayCity or town..... Newkirk
(If outside city or town limits, write RURAL and give nearest town)Street No. 201 1/2 North Cedar Street
(If rural, give LOCATION)2.(a) If veteran, name War..... Philippine Insurrection ✓

3. (a) FULL NAME

CARSON, Lawrence E.

3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

malewhiteWidower

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) February 11, 1868

8. AGE: Years Months Days If less than one day

80618hrs.min.9. Birthplace..... Bartholomew County, Indiana
(Town, county, and state)10. Usual occupation..... Bldg. Contractor

11. Industry or business

12. Name..... Aaron Carson - deceased13. Birthplace..... Unknown14. Maiden name..... Mary Russell Carson - deceased15. Birthplace..... Unknown16. Informant..... Hospital RecordsAddress..... VA Hospital, Perry Point, Md.17. Removal Date thereof..... Aug. 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... UnknownLocation..... Newkirk, Oklahoma18. Funeral director..... PENNINGTON & SONAddress..... Havre de Grace, Maryland19. Aug. 30 19 48 Jane E. Daugherty
(Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 29, 1948 at 7:17 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 24, 1944 to August 29, 1948and that I last saw him alive on August 29, 1948Immediate cause of death..... Uremia, uremic poisoning DURATION UnknownDue to..... Cardiovascular renal disease Unknown

Due to.....

Other conditions..... Arteriosclerosis, general Unknown

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results..... Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... -- Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

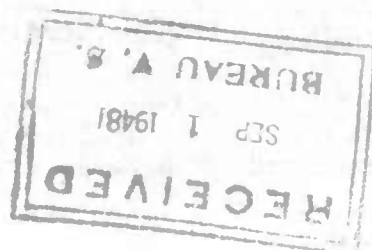
Means of injury..... -- Injured at work?

23. SIGNATURE..... A.E. TROLLINGERAddress..... VAH, Perry Point, Md. Date signed..... 8/30-48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Take correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

08284

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
City or town Perry Point, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 days
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
How long in hospital or institution? 20 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 625 N. Calvert St., Baltimore 2, Md.
(If rural, give LOCATION)
2. (a) If veteran, name war WW-I

3. (a) FULL NAME

CASTILLO, ESCOLASTICA, Toribio (NMI)

3. (b) Social Security Number

218-26-3052

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Escolastica CASTILLO

7. Birth date of

deceased (mo., day, yr.)

July 1, 18926. (c) If alive, give age 46 years

8. AGE:

Years 56Months 1Days 28

If less than one day

hrs. min.

9. Birthplace San German, Puerto Rico

(Town, county, and state)

10. Usual occupation Brickworker

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

16. Informant Hospital RecordsAddress VAH, Perry Point, Md.

17. Burial

Date thereof

9/1/48Cemetery or crematory NationalLocation Baltimore18. Funeral director Wm. Cook, Inc.Address 1217 St. Paul St., Baltimore, Md.19. Aug 29, 1948

(Date read by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29, 1948 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 9, 1948, to August 29, 1948and that I last saw him alive on August 29, 1948Immediate cause of death Peritonitis, acute, diffuse

DURATION

48 hrs.Due to Necrosis of duodenal-pancreatic suture lineUnknownDue to Adeno carcinoma of ampulla of VaterUnknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. E. TROLLINGER

M. D. or D.O.

Chief, Professional Services

Address VAH, Perry Point, Md.Date signed 8/29/48

RECEIVED

AUG 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
 City or town Perry Point
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 13 days
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Massachusetts County Hamshire
 City or town Granby, Massachusetts
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2. (a) If veteran name war

3. (a) FULL NAME

ELIZABETH FITCH ELLIOTT

3. (b) Social Security Number

4 Sex Female 5. Color or race White 6. (a) Single, married, widowed or divorced Widowed
 6. (b) Name of husband or wife Palmer B. Elliott
 7. Birth date of deceased (mo., day, yr.) November 5, 1860
 6. (c) If alive, give age years
 8. AGE: Years 87 Months 9 Days 2 If less than one day hrs. min.

9. Birthplace New London, Connecticut
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Fitch
 13. Birthplace Spain

MOTHER 14. Maiden name Elizabeth Champlin
 15. Birthplace New London, Connecticut

16. Informant H. M. Gould
 Address Perry Point, Maryland

17. Burial Date thereof Aug. 10, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Foresdale Cemetery
 Location Holyoke, Massachusetts

18. Funeral director Lie A. Patterson & Son
 Address Perryville, Cecil Co., Md.

19. Aug. 7, 1948 Irene E. Rayner
 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7, 1948 at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29, 1948 to August 6, 1948
 and that I last saw him alive on August 6, 1948

Immediate cause of death Cerebral Hemorrhage - 10 days
(Paralytic Left Side)

Due to Arterio-Sclerosis 8 yrs
Hypertension 8 yrs

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE B. J. Benson, M.D. M. D. or other
 Address Port Deposit, Md. Date signed 8/7/48

UNITED STATES DEPARTMENT OF JUSTICE

RECORDS SECTION

RECEIVED

1948

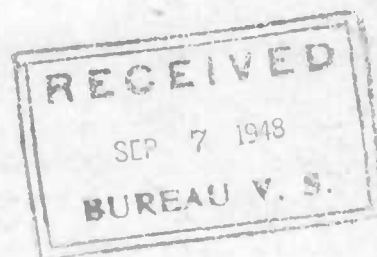
1948

1948

RECEIVED

AUG 10 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08287

Reg. Dist. No. 92

1. PLACE OF DEATH

County Cecil
 City or town Elkton md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Union Hospital, Elkton, md.
 How long in hospital or institution? 8 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil
 City or town Rising Sun md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. S. Queen
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Clara B. Garrison

3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Dennan Garrison
 7. Birth date of deceased (mo., day, yr.) Nov 1874 8.(c) If alive, give age Deceased
 8. AGE: Years 73 Months 9 Days 10 If less than one dayhrs.min.

9. Birthplace Rowlandville, Cecil Co. md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Virginia Hatchell13. Birthplace Rowlandville, MD.14. Maiden name Mary Davis15. Birthplace Rowlandville, Cecil Co md.16. Informant W. A. HatchellAddress Fort Deposit md17. Burial Date thereof Aug. 31, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory BrookviewLocation Rising Sun, Md.18. Funeral director Alfred M. ReedAddress Rising Sun md.19. Aug 29 1948 FR Frazer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 28 19 48 at 2 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-3 to 8/28 19 48
and that I last saw him alive on 8/27 19 48Immediate cause of death Heart plegia DURATION
Left sideDue to Chronic myocarditisDue to & Hypertension

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

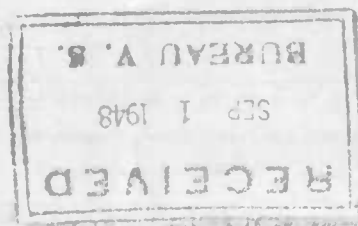
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Alfred M. Reed M. D.Address Rising Sun md. Date signed 8/28/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County..... **Cecil**
City or town..... **Perry Point, Md.**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... **3 yrs. 7 mos. 2 days**
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
How long in hospital or institution?..... **Since Jan. 7, 1945**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... **Maryland** County..... **Baltimore**
City or town..... **Baltimore**
(If outside city or town limits, write RURAL and give nearest town)
Street No..... **106 W. University Parkway**
(If rural, give LOCATION)
2. (a) If veteran, name war..... **Spanish American** ✓

3. (a) FULL NAME

GHEENT, Charles M.

3. (b) Social Security Number

4. Sex..... **male**
5. Color or race..... **white**
6. (a) Single, married, widowed, or divorced..... **Married**

6. (b) Name of husband or wife..... **Mrs. Elizabeth Ghent**
6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... **Apr. 23, 1872**

8. AGE: Years..... **76** Months..... **4** Days..... **6**
If less than one day..... hrs. min.

8. Birthplace..... **Baltimore, Md.**
(Town, county, and state)

10. Usual occupation..... **None**

11. Industry or business

12. Name..... **Name unknown - deceased**

13. Birthplace..... **Unknown**

14. Maiden name..... **Name unknown - deceased**

15. Birthplace..... **Unknown**

16. Informant..... **Hospital Records**

Address..... **VAH, Perry Point, Md.**

17. Removal..... **9 1 48**
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory..... **Baltimore National Cemetery**

Location..... **Baltimore, Md.**

18. Funeral director..... **PENNINGTON & SON**

Address..... **Bayre de Grace, Md.**

19. **Sept 1 1948**
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **August 29, 1948** at **11:40AM**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 27, 1945 to **August 29, 1948**

and that I last saw him alive on **August 29, 1948**

Immediate cause of death..... **Tuberculosis, pulmonary, far advanced, bilateral**
DURATION..... **Unknown**

Due to.....

Due to.....

Other conditions..... **Arteriosclerosis, generalized**
(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results..... **Same as above**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... **A.E. TROLLINGER, M.D.**

Address..... **VAH, Perry Point, Md.**

Date signed..... **8-30-48**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08288

RECEIVED

SEP 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:

County..... Cecil
 City or town..... North East
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... all life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Warner Wirel Gray

3. (b) Social Security Number

218-18-4663

4. Sex..... M. 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married
 6. (b) Name of husband or wife..... Mary Etta Gray 6. (c) If alive, give age..... 56 years
 7. Birth date of deceased (mo., day, yr.)..... August 26 1885
 8. AGE: Years..... 62 Months..... 11 Days..... 27 If less than one day..... hrs. min.

9. Birthplace..... Bay View, Cecil Co., Md
(Town, county, and state)10. Usual occupation..... Painter & Decorator

11. Industry or business

12. Name..... Samuel D Gray13. Birthplace..... Md14. Maiden name..... Jennie Fields15. Birthplace..... Md16. Informant..... Mrs Mary Etta GrayAddress..... North East Md17. (Burial, cremation, or removal, Which?)..... Burial Date thereof..... Aug 20-48
(month) (day) (year)18. Cemetery or crematory..... MethodistLocation..... North East, Md19. Funeral director..... Joseph P. BranchAddress..... North East Md20. Date of death..... Aug 25 48 Registrar..... Sarah Rothermel

(Date recd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Md. County..... Cecil
 City or town..... North East
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Beach
 (If rural, give LOCATION)

2. (a) If veteran, name war..... not a veteran

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Aug. 22 1948 at 10:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death..... Acute Coronary Disease

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

Medical Examiner.....

For Cecil County.....

M. D. or other.....

Address..... Rockwood Rd Date signed..... 8/23-4823. SIGNATURE..... Rockwood RdAddress..... Rockwood Rd Date signed..... 8/23-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH

County Cecil
 City or town Chesapeake City
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 64 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MD County Cecil
 City or town Chesapeake City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Elva S. Griffith
 4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

3. (b) Social Security Number

none

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug 28, 1871 8. (c) If alive, give age _____ years
 8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Chesapeake City Cecil MD
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business _____

12. Name Ivlin H. Griffith

13. Birthplace Chesapeake

14. Maiden name Myra Freyer

15. Birthplace MD

16. Informant Ivlin Griffith

Address Chesapeake City MD

17. Burial, cremation, or removal, Which? Burial Date thereat Aug 7 1948

Cemetery or crematory Bethel Cemetery

Location Near Chesapeake City

18. Funeral director Edmund Bellator

Address Cilton MD

Signature August 7 1948 Registrar Wm. B. Bellator

(Date Rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5, 1948 at 8:25 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1947 to August 5, 1948 and that I last saw him alive on August 5, 1948

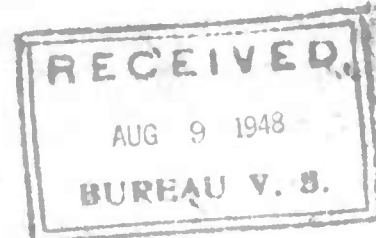
Immediate cause of death _____ DURATION _____

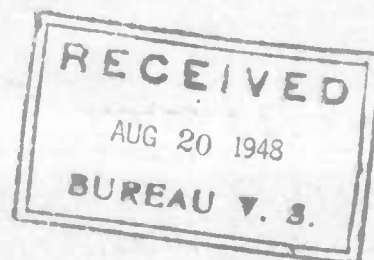
Carcinoma of liver 8 mos

Due to Carcinoma of lymph nodes 1 year

Due to _____

Other conditions _____





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County CecilCity or town Elkton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

EUGENE (Baby) Johnson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

-

6. (b) Name of husband or wife

-

7. Birth date of deceased (mo., day, yr.)

Aug (31) 1948

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

10

hrs.

min.

9. Birthplace

Elkton Md Cecil
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Carl Johnson

13. Birthplace

Elkton Md

14. Maiden name

Chola Jester

15. Birthplace

Saunderbury Md

18. Informant

Carl Johnson

Address

Elkton Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

Aug 31 1948
(month) (day) (year)

Cemetery or crematory

Elkton colored cemetery

Location

Elkton Md

18. Funeral director

H W Phipps

Address

Elkton Md

19.

(Date rec'd by registrar)

Aug 31 1948H B Frazer
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Cecil

City or town

Elkton Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.

5 Collins Court
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 30

19.

48 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 20

19.

48

to

August 30 19.

and that I last saw him alive on

August 30

19.

48

Immediate cause of death

Dehydration

DURATION

3 days

Due to

Diarrhea3 days

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James L. Johnson M.D.

M. D. or other

Address

Elkton, Md

Date signed

Aug 31 1948

CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. PLACE OF DEATH

3. DATE

4. TIME

5. PLACE

6. CAUSE OF DEATH

RECEIVED
SEP 1 1948
BUREAU V. S.

121 130022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County..... CECIL
 City or town..... PERRY POINT, MD.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 3 mos. 21 days
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Maryland
 How long in hospital or institution?..... Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MARYLAND County.....
 City or town..... Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 550 W. Hoffman Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... WW-I ✓

3. (a) FULL NAME

GEORGE W. JONES

3. (b) Social Security Number

215 01 9663

4. Sex..... Male 5. Color or race..... Negro 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Betty Jones
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... Feb. 22, 1896
 8. AGE: Years..... 52 Months..... 5 Days..... 13 If less than one day..... hrs. min.

9. Birthplace..... Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation..... Laundry Worker
 11. Industry or business.....
 12. Name..... Unknown
 13. Birthplace.....
 14. Maiden name..... Unknown
 15. Birthplace.....

16. Informant.....
 Address.....

17. Removal..... 8/6/48
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory..... Baltimore Nat'l Cemetery
 Location..... Baltimore, Md.

18. Funeral director..... Wm. A. JACKSON, Inc.
 Address..... 916 Penn Ave., Baltimore, Md.

19. Aug 6 19. 48 James E. Daugherty
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 5th 19. 48 at 2:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 14 19. 48 to August 5th 19. 48
 and that I last saw him alive on August 5th 19. 48

Immediate cause of death..... Coronary Thrombosis DURATION 1 or 2 hrs.

Due to..... Coronary arteriosclerosis Unknown

Due to.....
 Other conditions..... Multiple sclerosis Unknown

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results..... No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... A. E. TROLLINGER, M.D., Chf. Prof. Serv.

Address..... VAH, Perry Point, Md. Date signed..... 8/6/48

1948-8-8
52-5-13
1896-2-22

RECEIVED
AUG 9 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
 City or town Perry Point, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year and 7 days
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Maryland
 How long in hospital or institution? 1 year 7 mos. 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Baltimore
 City or town Dundalk
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2 Township Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war WW-I

3. (a) FULL NAME

LEMIEUX, John A.

3. (b) Social Security Number

Unknown

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Lillian
 7. Birth date of deceased (mo., day, yr.) August 23, 1880 6.(c) If alive, give age _____ years
 8. AGE: Years 67 Months 11 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Muskegon, Michigan
 (Town, county, and state)
 10. Usual occupation Engineer
 11. Industry or business _____
 12. Name John B. Lemieux
 13. Birthplace Canada
 14. Maiden name Melvina Robage
 15. Birthplace New York

16. Informant Hospital Records
 Address VA Hospital, Perry Point, Md.
 17. Removal Date thereof 8-7-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Baltimore National
 Location Baltimore, Md.
 18. Funeral director ROLAND L. FISHER FUNERAL DIRECTOR,
 Address 2112 Dundalk Ave., Dundalk, Md.

19. Aug. 7, 1948 (Date paid by registrar) 19. 48 James E. Dougherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7, 1948 19. 48 at 6:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24, 1947 to August 7, 1948
 and that I last saw him alive on August 7, 1948

Immediate cause of death Cerebral Hemorrhage

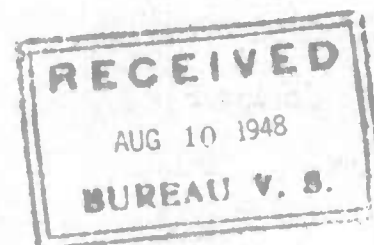
Due to Cerebral Arteriosclerosis DURATION 4-6 hrs
2 yrs

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE W. Oppler M.D. or other
 Acting Chief, Professional Services
 Address VAH, Perry Point, Maryland Date signed 8/7/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil
 City or town Perry Point, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 days
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Md.
 How long in hospital or institution? 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 630 Tunbridge Rd.
 (If rural, give LOCATION)
 2. (a) If veteran, name war Spanish American War

3. (a) FULL NAME

LENGER, Frank

3. (b) Social Security Number

Unknown

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Stella Lawson Lenger

7. Birth date of

deceased (mo., day, yr.) February 14, 18808. (c) If alive, give age 68 years

8. AGE:

Years

68

Months

6

Days

11

If less than one day

hrs.

min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

Policeman

11. Industry or business

MOTHER FATHER

12. Name

Ferdinand Lenger

13. Birthplace

Germany

14. Maiden name

Dorothy Steele

15. Birthplace

Germany

16. Informant

Hospital Records

Address

VA Hospital, Perry Point, Md.

17.

Removal

Date thereof

August 25, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Louden Park Cemetery

Location

3601 Frederick Rd., Baltimore Md.

18. Funeral director

William Cook, Inc.

Address

St. Paul & Preston Sts., Balto. 2, Md.

19.

Aug 25, 1948

(Date rec'd by registrar)

Irma E. Doughty

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 19 48, at 3:57 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 11 19 48, to August 25 19 48.and that I last saw him alive on August 25 19 48.

Immediate cause of death

Coronary Thrombosis

DURATION

15 min.

Due to

Uremia Underlying cause: Atrial14 daysto some extent inability to eat on basis of CVA

Due to

Cerebral Vascular Accident10 mos.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. E. TROLLINGER, M. D., Chief of Prof. Serv.Address VAH, Perry Point, Md.Date signed 8/25/48



Evidence for change of

age shown on:

FILM No. G 116 AUG 13 1948

FILM No. G 116 AUG 11 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08296

Reg. Dist. No. 92

1. PLACE OF DEATH?

County *Elberton Rural*
City or town *Elberton Rural*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.* County *Harford*
City or town *Dorchester*
(If outside city or town limits, write RURAL and give nearest town)
Street No. *510 Juanita*
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Evan Thomas Logan Jr.

3. (b) Social Security Number

4. Sex

M.

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Alice Ann Logan

7. Birth date of deceased (mo., day, yr.)

*March 5, 1913*6. (c) If alive, give age *39* years

8. AGE:

Years *35* Months *37* Days *5* If less than one day *1* hrs. min.

9. Birthplace

Cecil Co. Md.
(Town, county and state)

10. Usual occupation

Truck Driver

11. Industry or business

FATHER

12. Name

Evan S. Logan Sr.

13. Birthplace

Md.

MOTHER

14. Maiden name

Mary E. Hawtuck

15. Birthplace

Md.

16. Informant

Mrs. Alice A. Logan

Address

Preston, Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

Aug. 8, 1948
(month) (day) (year)

Cemetery or crematory

N.C. McIlhenny Cem.

Location

North East, Cecil Co. Md.

18. Funeral director

R. Madison Mitchell

Address

Dorchester, Md.

19.

(Date rec'd by registrar)

*Aug. 6, 1948**J.R. Frazer*

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug. 6, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. alive on

Immediate cause of death

Compound fracture of base of skull. Fracture neck

DURATION

Other conditions

(Include pregnancy within 9 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide *Accident* Date of *8-6-48*Where did injury occur? *Elberton Cecil Co. Md.* (City or town) (County) (State)Injured at home, farm, industry, public place (where?) *Route 40*Means of injury *Automobile* Injured at work?

23. SIGNATURE

R. L. Dockson Medical Examiner
Reynolds M. D. or other
Address *Reynolds* Date signed *8-6-48*

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Ensign

RECEIVED
AUG 9 1948
BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age in correct age M is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

08297

50

1. PLACE OF DEATH:

County..... Cecil
City or town..... Elkton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Union 4 hrs
How long in hospital or institution? 4 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md County..... Cecil

City or town..... North East
(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Frances W. Logan

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

December 29 1898

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

49

7

hrs.

min.

9. Birthplace

North East Cecil Co Md
(Town, county, and state)

10. Usual occupation

Secretary

11. Industry or business

Devo Dept Repairs

FATHER

12. Name

H. H. Logan

13. Birthplace

Cecil Co Md

MOTHER

14. Maiden name

Annie Harrison

15. Birthplace

England

16. Informant

Miss May Logan

Address

North East Maryland

17.

(Burial, cremation, or removal, Which?)

Date thereof

Aug 16 1948
(month) (day) (year)

Cemetery or crematory

Methodist

Location

North East Md

18. Funeral director

Joseph B. Shank

Address

North East Maryland

19.

(Date rec'd by registrar)

19 48

F. H. Traeger
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12, 1948 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 11, 1946 to Oct 12, 1948

and that I last saw him alive on August 12, 1948

Immediate cause of death

Carcinoma of Lung
- metastatic -

Due to

Carcinoma of Breast

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma of Breast with metastases Date of op. Nov 11, 1946

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

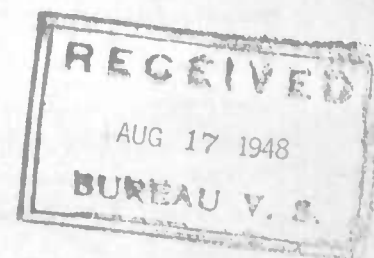
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. C. Cantrell M.D.
Address: North East Md Date signed: Aug 14/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08298

170C

Reg. Dist. No. 55

1. PLACE OF DEATH

County Prising Sun Rural
City or town Prising Sun Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa County Delaware

City or town Lester
(If outside city or town limits, write RURAL and give nearest town)

Street No. 314 Seneca
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Edward Francis Meinhart

3. (b) Social Security Number

170-12-0514

4. Sex

M

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Francis Meinhart

7. Birth date of deceased (mo., day, yr.)

July 25-1919

6. (c) If alive, give age

28 years

8. AGE:

Years

29

Months

Days

22

If less than one day

hrs.

min.

9. Birthplace

Penn.

(Town, county, and state)

10. Usual occupation

Truck Driver

11. Industry or business

FATHER

12. Name

Wm. L. MEINHART

13. Birthplace

Penn.

MOTHER

14. Maiden name

MABEL HIPPO

15. Birthplace

Penn.

16. Informant

William L. Meinhart

Address

314 Seneca Ave. Lester, Del. Co.

17. Removals

(Burial, cremation, or removal, Which?)

Date thereof

Aug 16, 1948

Cemetery or crematory

Glenolden Penn.

Location

Glenolden, Penn.

18. Funeral director

J. E. Tyson

Address

Prising Sun Md.

19. Date of death

Aug 16, 48

20. Date of registration

L. M. Worthington

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16, 1948, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw h... alive on 19...

Immediate cause of death

Crushed Chest
Strangulation
of oil

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8-16-48

Where did injury occur? Prising Sun Md. (City or town) Del. (County) Ind. (State)

Injured at home, farm, industry, public place (where) Route 1

Means of injury Truck turned over Injured at work? yes

23. SIGNATURE

R. E. Dockson Md. Medical Examiner
Prising Sun Md. M. D. or other
Address Date signed 8-16-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County..... Cecil
 City or town..... Perry Point, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 1 yr. 3 days 26 days
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?..... 1 yr. 7 mos. 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... D.C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 6 1/2 Street, N.W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... WW-I

3. (a) FULL NAME

PAYNE, John Henry

3. (b) Social Security Number

unknown

4. Sex..... male
 5. Color or race..... Negro
 6.(a) Single, married, widowed, or divorced..... Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... November 10, 1892
 8. AGE: Years..... 55 Months..... 9 Days..... 18
 If less than one day..... hrs. min.

9. Birthplace..... West Hampton, Virginia
 (Town, county, and state)
 10. Usual occupation..... Unknown
 11. Industry or business

12. Name..... George Payne - deceased
 13. Birthplace..... unknown
 14. Maiden name..... Sally Scott - deceased
 15. Birthplace..... unknown

16. Informant..... Hospital records
 Address..... VA Hospital, Perry Point, Md.
 17. Removal..... Removal Date thereof..... Aug. 30, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Unknown
 Location..... Richmond, Virginia

18. Funeral director..... PENNINGTON & SON
 Address..... Havre de Grace, Maryland

19. Aug 30, 19 48 James E. Doughty
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 28, 19 48 at 3:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 2, 19 47 to August 28, 19 48
 and that I last saw him alive on August 28, 19 48

Immediate cause of death.....
Tuberculosis, pulmonary, chronic, far advanced

Due to.....
 Due to.....

Other conditions..... Arteriosclerosis of cerebral vessels with psychosis
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Manner of injury..... Injured at work?

23. SIGNATURE..... A.E. TROLLINGER, M.D., Chf. Professional Svcs.
 Address..... VAH, Perry Point, Md. Date signed..... 8-30-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08300

95

1. PLACE OF DEATH:

County Cecil
 City or town Rising Sun
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Cecil
 City or town Rising Sun
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) if veteran, name war _____

3. (a) FULL NAME

Arthur Tyson Reynolds

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Emma Reynolds
 7. Birth date of deceased (mo., day, yr.) Mar 9 1872 6. (c) If alive, give age 27 years
 8. AGE: Years 76 Months 5 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Rock Springs, Md.
(Town, county and state)10. Usual occupation Storekeeper11. Industry or business retired12. Name Joseph Reynolds13. Birthplace Doncaster Co., Pa.14. Maiden name Margaret Zueker15. Birthplace Baltimore, Md.16. Informant Herman ReynoldsAddress Rising Sun, Md.17. Burial (Burial, cremation, or removal, Which?) Date thereon Aug 28, 1948Cemetery or crematory BrookhavenLocation Rising Sun, Md.18. Funeral director J. E. TysonAddress Rising Sun, Md.19. Aug 27, 48 (Date recorded by registrar)Registrar Permit

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 25 19 48 at 10:50 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 25 19 48 to August 26 19 48and that I last saw him alive on August 25 19 48Immediate cause of death RESPIRATORY FAILURE DURATION _____Due to HYPOSTATIC PNEUMONIA 4 WKS.Due to MALIGNANCY left lung INDETERMINANT

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work? _____

23. SIGNATURE Phyllis BishopAddress Rising Sun, Md. Date signed 8/26/48

RECEIVED

AUG 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County... CECIL
 City or town... PERRY POINT, MARYLAND
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 mo. 9 days
 Hospital, institution, or street address where death occurred:
 VA Hospital, Perry Point, Maryland
 How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County...
 City or town... Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 2521 Huron Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war... WW-I ✓

3. (a) FULL NAME

William A. Ross

3. (b) Social Security Number

217123986

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Edna P. Ross
 7. Birth date of deceased (mo., day, yr.) May 17, 1889
 8. (c) If alive, give age years

8. AGE: Years 59 Months 3 Days 6 If less than one day
 hrs. min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation Waiter

11. Industry or business

12. Name Unknown
 13. Birthplace Unknown

14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant VAH, Perry Point, Md.
 Address

17. Removal 8/23/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory National Cemetary, Baltimore, Md.

Location Frances H. Hensley

18. Funeral director FRANCES HENSLEY

Address 5708 W Biddle St., Baltimore, Md.

19. Aug 23 19 45 Irene S. [Signature]
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 19 48 at 4:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14th 19 48 to August 23rd 19 48 and that I last saw him alive on August 23 19 48

Immediate cause of death Pneumonia, Bronchial DURATION 3 to 4 das.

Due to Carcinoma of the liver, type Unknown
 undetermined

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A.E. TROLLINGER, M.D., Chf. Prof. Services.

Address VAH, Perry Point, Md. Date signed 8/23/48

RECEIVED

RECEIVED

RECEIVED

AUG 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County... ElktonCity or town... Elkton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Wm. Hospital

How long in hospital or institution?

15 days

3. (a) FULL NAME

Carrie V. Schaeffer

3. (b) Social Security Number

4. Sex... Female5. Color or race... White6. (a) Single, married, widowed, or divorced... married(b) Name of husband or wife... Rev. Walter Schaeffer

8. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)

Nov 9, 1893

8. AGE:

Years

Months

Days

If less than one day

54916

hrs.

min.

9. Birthplace

Penn.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date reg'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 2519. 48at 8:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 1119. 48to Aug 2519. 48

and that I last saw him alive on

Aug 2419. 48

Immediate cause of death

Cerebral hemorrhage

DURATION

12 hrs

Due to

HypertensionUnknown

Due to

Diabetic mellitusUnknown

Other condition

Arterio-sclerotic diseaseUnknown

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. H. McLaughlin

M. D. or other

Address

Elkton - Md

Date signed

8/25/48

RECEIVED

AUG 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08303

94

1. PLACE OF DEATH:

County..... Cecil

City or town..... Charlestown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 4 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Penna County..... Philadelphia

City or town..... Philadelphia
(If outside city or town limits, write RURAL and give nearest town)Street No. 5138 Hazel Ave
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Mary Fulton Scouller

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6. (b) Name of husband or wife..... Rev. John C. Scouller

7. Birth date of deceased (mo., day, yr.) Sept., 16, 1860

8. AGE:	Years	Months	Days	If less than one day
	87	11	6 hrs. min.

9. Birthplace..... Washington, Penna
(Town, county, and state)

10. Usual occupation..... None

11. Industry or business

12. Name..... Samuel Fulton

13. Birthplace..... Washington, Penna

14. Maiden name..... No Information

15. Birthplace

16. Informant..... Dr. John Scouller

Address..... Philadelphia, Penna

17. Removal..... Date thereof..... Aug. 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Mt. Mariah

Location..... Philadelphia, Penna

18. Funeral director..... Joseph R. Stone

Address..... North East, Md

19. Date rec'd by registrar..... Aug 22, 1948
(Date rec'd by registrar)Sarah E. Rothermel
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Aug 22, 1948, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., to..... 19.....

and that I last saw him..... alive on..... Aug 21, 1948

Immediate cause of death.....

Structure Ruptured
Coronary Artery

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accidental Date of Aug 9, 1948

Where did injury occur? Philadelphia (City or town) Penna (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fall Injured at work? No

23. SIGNATURE.....

Address..... North East, Md Date signed Aug 22, 1948

M. D. or other

RECEIVED

AUG 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH:

County Cecil
 City or town Surfey Point
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa. County Bangor
 City or town Bangor
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 71 1/2 rd St.
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Harold K. Slack

3. (b) Social Security Number

4. Sex M. 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.

7. Birth date of deceased (mo., day, yr.) July 11 1919 6. (c) If alive, give age..... years

8. AGE: 29 Years Months Days If less than one day..... hrs. min.

9. Birthplace Penna.
 (Town, county, and state)

10. Usual occupation metal work inspector

11. Industry or business

12. Name Harvey Slack
 13. Birthplace New Jersey

14. Maiden name Lulla Laker
 15. Birthplace Penna.

16. Informant Leroy K. Slack
 Address Bangor Pa. 71 1/2 3rd St.

17. (Burial, cremation, or removal) which? Burial Date thereof Aug. 12, 1948
 (month) (day) (year)

Cemetery or crematory St. Johns

Location Bangor Pa.
 18. Funeral director Edward Bellows
 Address Cattons Md.

19. Aug 10 19 48 Wm. Harold W. Cheyney Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 19 48 2:45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to.....19.....

and that I last saw h.....alive on.....19.....

Immediate cause of death Drowning DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8-8-48Where did injury occur Surfey Point Cecil Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Elk RiverMeans of injury Boat capsized Injured at work?Medical Examiner Cecil County23. SIGNATURE R. L. Dockson M. D. or otherAddress Bangor Date signed 8-9-48

RECEIVED

AUG 12 1943

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 90

1. PLACE OF DEATH:

County Cecil
 City or town Cecil
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yr
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cecil
 City or town Cecil
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

George Smith

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Daisy Smith

7. Birth date of deceased (mo., day, yr.)

December 10 1870

6. (c) If alive, give age

68 years

8. AGE:

Years 72 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace

Cecil Md
(Town, county and state)

10. Usual occupation

Retired Farmer

11. Industry or business

James Smith

FATHER

12. Name

Benjamin Shady

MOTHER

13. Birthplace

Md

14. Maiden name

Mrs James Smith

15. Birthplace

Md

16. Informant

Benjamin Shady

Address

Cecil Md

17. Burial

August 6 1948
(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory

Cecil Md

Location

Cecil Md

18. Funeral director

Edwards Funeral

Address

Cecil Md

19. August 4

19 48
(Date rec'd by registrar)Mrs. Harvey W. Clapier

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 19 48 at 10 40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 20 19 48 to Aug 23 19 48and that I last saw him alive on Aug 23 19 48

Immediate cause of death

acute cardiac
deletion

DURATION

6 hours

Due to

Chronic myocarditis

Due to

Chronic multiple arthritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) A

Means of injury

Injured at work?

23. SIGNATURE

Thos. D. Davis MD
Chesapeake Health Center
Address Date signed 8/24/48

M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 26 1948

BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County... Cecil
 City or town... Perryville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 21 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Cecil
 City or town... Perryville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2.(a) If veteran name war

3. (a) FULL NAME

Eliza Hattie Steele

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed or divorced Widowed
 6.(b) Name of husband or wife Joseph T. Steele
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) June 13, 1870
 8. AGE: Years 78 Months 2 Days 14 If less than one day hrs. min.

9. Birthplace... H arford Co., Md.
 (Town, county, and state)
 10. Usual occupation... Housewife
 11. Industry or business
 12. Name Henry Kimble
 13. Birthplace H arford Co., Md.
 14. Maiden name Eliza E. Fox
 15. Birthplace England.

16. Informant Mrs Burroughs Lawrence
 Address Perryville, Md.

17. Burial Date thereof Aug 30, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Asbury
 Location Port Deposit, Md. Rural
 18. Funeral director Lee A. Patterson & Son
 Address Perryville, Md.

19. Aug 28 19 48 Irma E. Dougherty
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 19 48 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 10 19 48 to August 27 19 48
 and that I last saw him alive on August 26 19 48

Immediate cause of death Cerebral Hemorrhage DURATION 2 wks

Due to General arteriosclerosis 10410

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of ..
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. F. Magraw M. D. or other
Phryville Md Date signed 8/28/48

RECEIVED

AUG 31 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County CECIL
 City or town PERRY POINT, MD.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 24 yrs. 3 mos. 25 das.
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Maryland
 How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County Allegheny
 City or town Pittsburgh
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 205 Glass Run Road
 (If rural, give LOCATION)
 2. (a) If veteran, name war WW-I

3. (a) FULL NAME

HARTLEY SWISHER

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife ---

7. Birth date of deceased (mo., day, yr.) August 10, 1897 6. (c) If alive, give age --- years

8. AGE: Years 51 Months 0 Days 3 If less than one day --- hrs. --- min.

9. Birthplace Unknown
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business ---12. Name Unknown - Deceased13. Birthplace ---14. Maiden name Unknown - Deceased15. Birthplace ---16. Informant Hospital RecordsAddress VAH, Perry Point, Md.

17. Removal Date thereof August 16, 1948
 (Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory Unknown

Location Homestead, Pennsylvania

18. Funeral director Pennington & SonAddress Havre de Grace, Maryland

19. Aug 16 19 48 James E. O'Connell
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13th 19 48 at 10:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18th 19 48 to August 13th 19 48
 and that I last saw him alive on August 13th 19 48

Immediate cause of death Pneumonia, Broncho, bilateral DURATION 1 day

Due to Perforated peptic ulcer 3 days

Other conditions ---

(Include pregnancy within 8 months of death)

Major findings of operations --- Date of op. ---

Autopsy results NO autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury --- Injured at work? ---

23. SIGNATURE A. E. TROLLINGER, M.D., Chf. Prof. Serv.

Address VAH, Perry Point, Md. Date signed 8/16/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

122 b

08300

Reg. Dist. No. 96

1. PLACE OF DEATH:

County..... CECIL
City or town..... PERRY POINT, MD.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 6 yrs. 1 mo. 24 das.
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Maryland
How long in hospital or institution?..... 6 yrs. 8 mos. 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....
City or town..... Washington, D.C.
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 1119 Holbrook Terrace, N.E.
(If rural, give LOCATION)
2. (a) If veteran, name war..... WW-I ✓

3. (a) FULL NAME

JESSE TRUSEL

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

April 10, 1896

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

52322

..... hrs. min.

8. Birthplace.....

N.C.

(Town, county, and state)

10. Usual occupation.....

Unknown

11. Industry or business

FATHER
MOTHER

12. Name.....

Archie Trusel

13. Birthplace.....

Deceased

14. Maiden name.....

Tressie Roger

15. Birthplace.....

Deceased

16. Informant.....

Hospital Records

Address.....

VAH, Perry Point, Md.

17. Removal.....

(Burial, cremation, or removal. Which?)

Date thereof.....

8/3/48

(month) (day) (year)

Cemetery or crematory.....

Arlington National Cemetery

Location.....

Cherry Hill, Arlington Va.

18. Funeral director.....

JOHN T. RHINES CO.

Address.....

901 Third St., S.W., Washington, D.C.19. Aug - 3

(Date rec'd by registrar)

19 48Erene Daugherty
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 2 19 48 at 4:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 819 42to August 219 48

and that I last saw him alive on.....

August 219 48

Immediate cause of death.....

Ileus, paralyticus

DURATION

24 to 48 hrsDue to..... Thrombosis of the vena cava and superior mesentery veins72 to 96 hrsDue to..... Phlebitis, left femoral vein,UnknownOther conditions..... Infarcts, multiple, right, lung; Pneumonia, terminalUnknown

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE..... A. E. TROLLINGER, M.D., Chf. Prof. Surg.VAH, Perry Point, Md.

M. D. or other

Address..... Date signed..... 8/3/48

1896-4-16
52-3-22
1948-8-32

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AUG 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County BlktonCity or town Blkton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 mos.

Hospital, institution, or street address where death occurred:

Union Hosp.How long in hospital or institution? 4 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CecilCity or town North East
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(d) If veteran, name war _____

3.(a) FULL NAME

Richard Washington

3.(b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male negro single6.(b) Name of husband or wife none

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 28 - 18908. AGE: Years 58 Months 2 Days 25 If less than one day _____ hrs. _____ min.9. Birthplace not known
(Town, county, and state)10. Usual occupation laborer

11. Industry or business

12. Name Richard Washington13. Birthplace La14. Maiden name Abner, Fannie Roberts15. Birthplace Miss.16. Informant Hosp Records

Address

17. Burial Date thereof Aug 27 - 48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Alma HouseLocation Cherry Hill18. Funeral director Joseph R. HuntAddress North East, Md19. Aug 27 19 48 I. B. Frazer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 - 1948 at 1:15 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Aug 1st 19 48 to Aug 26 19 48and that I last saw him/her alive on Aug 25 19 48

Immediate cause of death

General atherosclerosis
with Cardio-vascular -
renal disease

DURATION

Due to renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work? _____

23. SIGNATURE

G. F. M. Single
Blkton - Md M. D. or other _____
Address _____ Date signed 8/26/48

RECEIVED

AUG 28 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County CECIL
 City or town PERRY POINT, MD.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 mos. 6 das.
 Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Maryland
 How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 520 Lincoln Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war WW-II ✓

3. (a) FULL NAME

JOSEPH L. WAYMAN

3. (b) Social Security Number

129 05 4297

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Cassie Wayman
 7. Birth date of deceased (mo., day, yr.) May 24, 1907
 8. AGE: Years 41 Months 2 Days 29 If less than one day hrs. min.
 8. (c) If alive, give age years

9. Birthplace Greenboro, Caroline, Maryland
 (Town, county, and state)
 10. Usual occupation Bundle Packer
 11. Industry or business
 12. Name Freddie Wayman
 13. Birthplace Unknown
 14. Maiden name Emma Wayman
 15. Birthplace Unknown

16. Informant Hospital Records
 Address Perry Point, Maryland
 17. Removal Removal Date thereof 8/23/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Spring Grove
 Location Denton, Maryland
 18. Funeral director J. F. STEWART
 Address Salisbury, Maryland
 19. Aug. 23 48 Dr. E. D. Trolinger
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 19 48 at 5:25 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 17 19 48 to August 23 19 48
 and that I last saw him alive on August 23 19 48

Immediate cause of death Uremia DURATION 2 mos.
 Due to Nephritis, chronic 1-2 years
 Due to
 Other conditions Hypertensive cardiovascular disease with congestive failure 6 mos.
2 mos.
 (Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.
 Autopsy results No autopsy
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury g. 3. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 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1015. 1016. 1017. 1018. 1019. 1020. 1021. 1022. 1023. 1024. 1025. 1026. 1027. 1028. 1029. 1030. 1031. 1032. 1033. 1034. 1035. 1036. 1037. 1038. 1039. 1040. 1041. 1042. 1043. 1044. 1045. 1046. 1047. 1048. 1049. 1050. 1051. 1052. 1053. 1054. 1055. 1056. 1057. 1058. 1059. 1060. 1061. 1062. 1063. 1064. 1065. 1066. 1067. 1068. 1069. 1070. 1071. 1072. 1073. 1074. 1075. 1076. 1077. 1078. 1079. 1080. 1081. 1082. 1083. 1084. 1085. 1086. 1087. 1088. 1089. 1090. 1091. 1092. 1093. 1094. 1095. 1096. 1097. 1098. 1099. 1100. 1101. 1102. 1103. 1104. 1105. 1106. 1107. 1108. 1109. 1110. 1111. 1112. 1113. 1114. 1115. 1116. 1117. 1118. 1119. 1120. 1121. 1122. 1123. 1124. 1125. 1126. 1127. 1128. 1129. 1130. 1131. 1132. 1133. 1134. 1135. 1136. 1137. 1138. 1139. 1140. 1141. 1142. 1143. 1144. 1145. 1146. 1147. 1148. 1149. 1150. 1151. 1152. 1153. 1154. 1155. 1156. 1157. 1158. 1159. 1160. 1161. 1162. 1163. 1164. 1165. 1166. 1167. 1168. 1169. 1170. 1171. 1172. 1173. 1174. 1175. 1176. 1177. 1178. 1179. 1180. 1181. 1182. 1183. 1184. 1185. 1186. 1187. 1188. 1189. 1190. 1191. 1192. 1193. 1194. 1195. 1196. 1197. 1198. 1199. 1200. 1201. 1202. 1203. 1204. 1205. 1206. 1207. 1208. 1209. 1210. 1211. 1212. 1213. 1214. 1215. 1216. 1217. 1218. 1219. 1220. 1221. 1222. 1223. 1224. 1225. 1226. 1227. 1228. 1229. 1230. 1231. 1232. 1233. 1234. 1235. 1236. 1237. 1238. 1239. 1240. 1241. 1242. 1243. 1244. 1245. 1246. 1247. 1248. 1249. 1250. 1251. 1252. 1253. 1254. 1255. 1256. 1257. 1258. 1259. 1260. 1261. 1262. 1263. 1264. 1265. 1266. 1267. 1268. 1269. 1270. 1271. 1272. 1273. 1274. 1275. 1276. 1277. 1278. 1279. 1280. 1281. 1282. 1283. 1284. 1285. 1286. 1287. 1288. 1289. 1290. 1291. 1292. 1293. 1294. 1295. 1296. 1297. 1298. 1299. 1300. 1301. 1302. 1303. 1304. 1305. 1306. 1307. 1308. 1309. 1310. 1311. 1312. 1313. 1314. 1315. 1316. 1317. 1318. 1319. 1320. 1321. 1322. 1323. 1324. 1325. 1326. 1327. 1328. 1329. 1330. 1331. 1332. 1333. 1334. 1335. 1336. 1337. 1338. 1339. 1340. 1341. 1342. 1343. 1344. 1345. 1346. 1347. 1348. 1349. 1350. 1351. 1352. 1353. 1354. 1355. 1356. 1357. 1358. 1359. 1360. 1361. 1362. 1363. 1364. 1365. 1366. 1367. 1368. 1369. 1370. 1371. 1372. 1373. 1374. 1375. 1376. 1377. 1378. 1379. 1380. 1381. 1382. 1383. 1384. 1385. 1386. 1387. 1388. 1389. 1390. 1391. 1392. 1393. 1394. 1395. 1396. 1397. 1398. 1399. 1400. 1401. 1402. 1403. 1404. 1405. 1406. 1407. 1408. 1409. 1410. 1411. 1412. 1413. 1414. 1415. 1416. 1417. 1418. 1419. 1420. 1421. 1422. 1423. 1424. 1425. 1426. 1427. 1428. 1429. 1430. 1431. 1432. 1433. 1434. 1435. 1436. 1437. 1438. 1439. 1440. 1441. 1442. 1443. 1444. 1445. 1446. 1447. 1448. 1449. 1450. 1451. 1452. 1453. 1454. 1455. 1456. 1457. 1458. 1459. 1460. 1461. 1462. 1463. 1464. 1465. 1466. 1467. 1468. 1469. 1470. 1471. 1472. 1473. 1474. 1475. 1476. 1477. 1478. 1479. 1480. 1481. 1482. 1483. 1484. 1485. 1486. 1487. 1488. 1489. 1490. 1491. 1492. 1493. 1494. 1495. 1496. 1497. 1498. 1499. 1500. 1501. 1502. 1503. 1504. 1505. 1506. 1507. 1508. 1509. 1510. 1511. 1512. 1513. 1514. 1515. 1516. 1517. 1518. 1519. 1520. 1521. 1522. 1523. 1524. 1525. 1526. 1527. 1528. 1529. 1530. 1531. 1532. 1533. 1534. 1535. 1536. 1537. 1538. 1539. 1540. 1541. 1542. 1543. 1544. 1545. 1546. 1547. 1548. 1549. 1550. 1551. 1552. 1553. 1554. 1555. 1556. 1557. 1558. 1559. 1560. 1561. 1562. 1563. 1564. 1565. 1566. 1567. 1568. 1569. 1570. 1571. 1572. 1573. 1574. 1575. 1576. 1577. 1578. 1579. 1580. 1581. 1582. 1583. 1584. 1585. 1586. 1587. 1588. 1589. 1590. 1591. 1592. 1593. 1594. 1595. 1596. 1597. 1598. 1599. 1600. 1601. 1602. 1603. 1604. 1605. 1606. 1607. 1608. 1609. 1610. 1611. 1612. 1613. 1614. 1615. 1616. 1617. 1618. 1619. 1620. 1621. 1622. 1623. 1624. 1625. 1626. 1627. 1628. 1629. 1630. 1631. 1632. 1633. 1634. 1635. 1636. 1637. 1638. 1639. 1640. 1641. 1642. 1643. 1644. 1645. 1646. 1647. 1648. 1649. 1650. 1651. 1652. 1653. 1654. 1655. 1656. 1657. 1658. 1659. 1660. 1661. 1662. 1663. 1664. 1665. 1666. 1667. 1668. 1669. 1670. 1671. 1672. 1673. 1674. 1675. 1676. 1677. 1678. 1679. 1680. 1681. 1682. 1683. 1684. 1685. 1686. 1687. 1688. 1689. 1690. 1691. 1692. 1693. 1694. 1695. 1696. 1697. 1698. 1699. 1700. 1701. 1702. 1703. 1704. 1705. 1706. 1707. 1708. 1709. 1710. 1711. 1712. 1713. 1714. 1715. 1716. 1717. 1718. 1719. 1720. 1721. 1722. 1723. 1724. 1725. 1726. 1727. 1728. 1729. 1730. 1731. 1732. 1733. 1734. 1735. 1736. 1737. 1738. 1739. 1740. 1741. 1742. 1743. 1744. 1745. 1746. 1747. 1748. 1749. 1750. 1751. 1752. 1753. 1754. 1755. 1756. 1757. 1758. 1759. 1760. 1761. 1762. 1763. 1764. 1765. 1766. 1767. 1768. 1769. 1770. 1771. 1772. 1773. 1774. 1775. 1776. 1777. 1778. 1779. 1780. 1781. 1782. 1783. 1784. 1785. 1786. 1787. 1788. 1789. 1790. 1791. 1792. 1793. 1794. 1795. 1796. 1797. 1798. 1799. 1800. 1801. 1802. 1803. 1804. 1805. 1806. 1807. 1808. 1809. 1810. 1811. 1812. 1813. 1814. 1815. 1816. 1817. 1818. 1819. 1820. 1821. 1822. 1823. 1824. 1825. 1826. 1827. 1828. 1829. 1830. 1831. 1832. 1833. 1834. 1835. 1836. 1837. 1838. 1839. 1840. 1841. 1842. 1843. 1844. 1845. 1846. 1847. 1848. 1849. 1850. 1851. 1852. 1853. 1854. 1855. 1856. 1857. 1858. 1859. 1860. 1861. 1862. 1863. 1864. 1865. 1866. 1867. 1868. 1869. 1870. 1871. 1872. 1873. 1874. 1875. 1876. 1877. 1878. 1879. 1880. 1881. 1882. 1883. 1884. 1885. 1886. 1887. 1888. 1889. 1890. 1891. 1892. 1893. 1894. 1895. 1896. 1897. 1898. 1899. 1900. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1908. 1909. 1910. 1911

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AUG 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of error, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *92*

1. PLACE OF DEATH:

County *Cecil* *9th District*
 City or town *Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *2 Months*
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State *Maryland* County *Cecil*
 City or town *P.O. 1346*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Charles H. Willis

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widower*
 6. (b) Name of husband or wife *Flora Willis*
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) *August 8th 1861*
 8. AGE: Years *87* Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace *Maryland*
 (Town, county, and state)
 10. Usual occupation *Laborer*
 11. Industry or business _____
 12. Name *Peter Willis*
 13. Birthplace *Maryland*
 14. Maiden name *Martha Corcoran*
 15. Birthplace *Maryland*

16. Informant *Emma Brown*
 Address *North East Ind R.M.*
 17. *Burial* Date thereof *Aug 23 1948*
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory *Calver Friends*
 Location *Calver Maryland*
 18. Funeral director *J. E. Tappan*
 Address *Rising Sun Md.*
 19. *Aug 23 1948* Registrar *J. H. Trager*
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH *Aug 20th* 19 *48* *9 P.*
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Sept 1945* to *Aug 20 1948*
 and that I last saw him alive on *Aug 18 1948*

Immediate cause of death *Cerebral hemorrhage* DURATION *1 hour*

Due to *Cardio renal vascular disease*

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE *Heckman Sales Jr. D.* M. D. or other

Address *Exton Md* Date signed *8/21/48*

RECEIVED

AUG 25 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

08312

1. PLACE OF DEATH:

County Cecil
City or town Elkton Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) _____
Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil
City or town Elkton, Rural Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. _____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Not a veteran

3. (a) FULL NAME

John Whitefield Woodrow

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Hannah Woodrow

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) August 22, 1872

8. AGE: Years 76 Months 0 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Pleasant Hill, Cecil Co., MD
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name No record

13. Birthplace _____

14. Maiden name No record

15. Birthplace _____

16. Informant John B Woodrow

Address Elkton Route 4, Maryland

17. Burial Date thereof Sept 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Presbyterian

Location Zion, Cecil County, Maryland

18. Funeral director Joseph R Grant

Address North East, Maryland

19. Sept 1 19 48 F B Frager
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 August 19 48, at 8:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 19 46, to 31 Aug 19 48, and that I last saw him alive on 30 August 19 48.

Immediate cause of death Myocardial infarction DURATION 4 mo.

Due to Arteriosclerosis 3 years

Basic Chronic interstitial nephritis 2 years

Other conditions Hypertrophy of Prostate

(Include pregnancy within 8 months of death)

Major findings: _____ PHYSICIAN

Of operations _____ Please underline the cause to which death should be charged statistically.
Of autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Hallacorn Johnson MD M. D. or other

Address Newark Dela Date signed 31 Aug 48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
516-
08313
Reg. Diat. No. 96
CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County..... CECIL
City or town..... PERRY POINT, MARYLAND
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 4 yrs. 11 mos. 27 das.
Hospital, institution, or street address where death occurred:
VA Hospital, Perry Point, Maryland
How long in hospital or institution?..... 6 yrs. 3 mos. 1 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County.....
City or town..... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 1124 N. Monroe Street
(If rural, give LOCATION)
2.(a) If veteran, name war..... SAW ✓

3. (a) FULL NAME

WORLEY, Alexander

3. (b) Social Security Number

4. Sex..... Male
5. Color or race..... White
6. (a) Single, married, widowed, or divorced..... Single

6. (b) Name of husband or wife.....
7. Birth date of deceased (mo., day, yr.)..... November 18, 1865
6. (c) If alive, give age..... years

8. AGE: Years..... 82 Months..... 8 Days..... 21
If less than one day..... hrs. min.

9. Birthplace..... Washington, D.C.
(Town, county, and state)

10. Usual occupation..... Wood Lather

11. Industry or business

12. Name..... Alexander Worley - Deceased
13. Birthplace..... Ohio

14. Maiden name..... Eva T. Hopkins - Deceased
15. Birthplace..... Manchester, England

16. Informant..... Hospital Records
Address..... Perry Point, Maryland

17. Removal..... Removal Date thereof..... 8-10-48
(Burial, cremation, or removal. Which?)..... (month) (day) (year)
Cemetery or crematory..... Baltimore National Cemetery
Location..... Baltimore, Maryland

18. Funeral director..... Pennington & Son
Address..... Havre de Grace, Maryland

19. Aug. 10 19 48 James E. Daugherty
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 9th 19 48 at 11:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
August 12th 19 43 to August 9th 19 48
and that I last saw him alive on August 9th 19 48

Immediate cause of death.....

Uremia
Due to..... Pyohydronephrosis
DURATION..... 1 week
Unknown

Due to..... Carcinoma of the prostate
gland with metastases to urinary bladder
DURATION..... Unknown

Other conditions..... Bronchial pneumonia;
arteriosclerosis, generalized & coronary
(Include pregnancy within 3 months of death) DURATION..... Unknown

Major findings of operations.....
Date of op.

Autopsy results..... Same as above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?.....
A. E. Trollinger

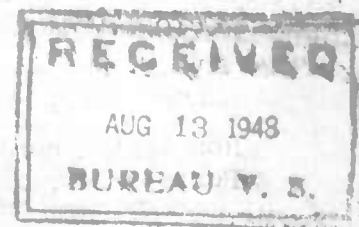
23. SIGNATURE..... A. E. TROLLINGER, M.D., Chf. Prof. Services
M. D. of other.....
Address..... VAH, Perry Point, Md. Date signed..... 8/11/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08314

Reg. Dist. No. 91

1. PLACE OF DEATH:

County Cecil

City or town Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cecil

City or town Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural near Ches City
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Louie YEDINAK

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) abt 1884 8.(c) If alive, give age... years

8. AGE: Years 64 Months Days If less than one day
hrs. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual occupation C & D Canal

11. Industry or business

12. Name Mr. Drif.

13. Birthplace Austria

14. Maiden name Drif.

15. Birthplace Austria

16. Informant Henry Yedinak

Address Elkton, Md

17. Burial Date thereof Aug 16/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Basil's

Location Chesapeake City, Md

18. Funeral director H. W. Piskin

Address Elkton, Md

19. Aug 16 19 48 J. W. Piskin H. Piskin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 19 48 at 11 1/2 M

21. CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 48 to Aug 14 19 48
and that I last saw him alive on August 14 19 48

Immediate cause of death

Carcinoma of Prostate DURATION 1 year

Due to

Due to

Other conditions Bronchial asthma 10 years

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. J. Davis M.D. M. D. or other

Address Chesapeake City, Md Date signed 8/16/48

MARGIN RESERVED FOR BINDING

VS A15-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

